## RECEIVED CENTRAL FAX CENTER

MAR **0 6** 2006

## **Anton Filikov**

55 Pitman Ave. Wakefield, MA 01880

Tel: 781.258.6569, Fax: 781.246.375

Filikov@yahoo.com

Number of pages including this: 2

March 6, 2006

To:

Dr. Carol S. Tsai Fax: 571-273-8300

Dear Dr. Tsai,

Please, find the requested form enclosed.

Anton Filikov

PTO/SB/08A (07-05)

	Approved for use through 07/31/2008, OMB	0851	1-003
9	Patent and Trademark Office: 11 S. DEDARTMENT OF CO.	<b>~~4</b> ***	200

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number. Complete if Known Substitute for form 1449/PTO Application Number 205,078 Filing Date 2012004 INFORMATION DISCLOSURE First Named Inventor FILIKOV ANTO N STATEMENT BY APPLICANT Art Unit <u> 2857</u> (Use as many sheets as necessary) Examiner Name Carol S Tsai Attorney Docket Number

Examiner	Oha	Description Mumber	Publication Date	DOCUMENTS		T Ones Calument Lines Miles
Exampler Initials*	Cite No.	Number-Kind Code <sup>2 (P Injoun)</sup>	MM-DD-YYYY	Name of Patentee or Applicant of Cited Document		Peges, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US- 60 1455, 955	3/20/2003	ANTON	FILIKOV	
•		US-				
		US-				
		บร-				
		US-				
		US-				•
		US-				
		US-		1		
		US-				
		US-				,
		US-				
		US-				
		US-				
		US-				
		บร-				·
		US-		<u> </u>	•	·
		US-	. 4	T		· · · · · ·
		Us-				
		US-		1		<del>' </del>

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	Γ
		Country Code <sup>3</sup> "Number <sup>4</sup> "Kind Code <sup>4</sup> (if Impown)	MM-DD-YYYY		Or Relevant Figures Appear	T°
						ㄴ
						L.
					<u></u>	<b>_</b>
						ᆫ
						i

Examiner	····	Date	
Signature	1	Considered	l '

EXAMINER: Initial if reference considered, whether or not distion is in conformance with MPEP 509. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to explicant. \*Applicant's unique citation designation number (optional). \*See Kinds Codes of USPTO Patent Documents at <a href="https://www.uspto.gov">www.uspto.gov</a> or MPEP 901.04. \*Enter Office that issued the document, by the two-latter code (WIPO Standard ST.3). \*For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. \*Kind of document by the appropriate symbols se indicated on the document under WIPO Standard ST.16 if possible. \*Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is ostimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments in the amount of time you require to complete this form sudder suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 (1-800-786-9199) and select option 2.